

Prevention Workgroup
Response to Follow-up from August 5, 2014 Workgroup Meeting
August 18, 2014

1. **Check on the process for getting claims-only benchmark data from NQCA for the colorectal cancer screening measure (NQF 34).** For Oregon, Bailit made a special request of NCQA to produce a claims-only benchmark for the commercial population (they don't use this measure in the Medicaid population). The cost was approximately \$2,000 per measure. Bailit also created a Medicaid benchmark through an adjustment of the commercial data. If the workgroup wishes to pursue benchmarks for this measure, members should discuss whether the group wants a Medicaid, Medicare and/or commercial benchmark and whether the group wants a national and/or regional benchmark for each line of business. The workgroup will also need to identify a source of funding for the production of the benchmark.
2. **Determine whether naturopaths are included in the specifications for the well-child visit measures (NQF measures 1392, 1516).** There is nothing in the HEDIS specifications that would exclude a naturopath from being a PCP and then performing well-child visits.
3. **Determine if there is a measure for childhood immunizations ages 2-13. The key here is "kindergarten entry" immunizations.** Bailit has been unable to identify any standardized measures that focus on this population. However, Laura Pennington connected with Chris Halsell of the Office of Immunization and Child Profile and he reported that "We collect data from all public and private licensed childcares, preschools and schools as required by law to measure the number of children meeting school-entry vaccine requirements." The DOH website¹ currently lists the average immunization exemption rates for students by county and school district. If the workgroup decided to rely on the Office of Immunization and Child Profile to provide this data, it would be important to recognize that it would not be possible to access provider level information. Also, at this time the certificate of immunization status that is collected by the schools is a parent-reported document and not health-care provider verified. However, the office is currently working on an initiative to link existing Immunization Information System (IIS) patient records of school-aged children to their school and grade to have a direct measure of the immunization status of all students.
4. **Determine to what extent the IIS registry may be used to provide data for the Childhood Immunization Status (CIS) Measure.** As noted above, Laura Pennington connected with Chris Halsell of the Office of Immunization and Child Profile and he reported that his office "routinely suppli[es] IIS data reports for this measure to commercial health plans. Some prefer to use our IIS data rather than their own claims data for their HEDIS measures. We see no barriers to supplying the data for the all of the proposed [immunization] measures. We routinely look at the difference between the numbers of children getting all vaccinations versus no vaccinations; getting all

¹ <http://www.doh.wa.gov/DataandStatisticalReports/Immunization/SchoolReports>

recommended vaccines versus only some of them; completing each of the vaccine series versus of starting but not completing the series.”

5. **Determine to what extent the immunization registry captures complete pneumococcal vaccine data.** As noted above, Laura Pennington connected with Chris Halsell of the Office of Immunization and Child Profile and he reported that “We collect vaccination records for all ages. Our records for older adults are only as complete as healthcare providers care to share their immunization records with our system. We do typically have more complete records for younger ages since they typically get vaccinated more than adults. But this is a vaccine update issue, not a data limitation issue.” Laura indicated that they are currently working on pulling data for this population to get a feel for usage.